

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155149		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/21/2023	
NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 8181 HARCOURT RD INDIANAPOLIS, IN 46260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00409963, IN00403563 and IN00412724.</p> <p>Complaint IN00409963 - Federal/state deficiencies related to the allegations are cited at F558.</p> <p>Complaint IN00403563 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412724 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 19, 20 and 21, 2023</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Census Bed Type: SNF/NF: 69 SNF: 5 Total: 74</p> <p>Census Payor Type: Medicare: 3 Medicaid: 53 Other: 18 Total: 74</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on July 31, 2023.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider request that the 2567 plan od correction be considered the letter of credible allegation and request desk review (paper compliance) on of after 8/7/23.</p>		
F 0558 SS=D Bldg. 00	<p>483.10(e)(3) Reasonable Accommodations Needs/Preferences</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Scott Piotrowicz

Executive Director

08/04/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation, interview and record review, the facility failed to ensure call lights were within reach for 4 of 43 residents reviewed for call lights. (Residents C, D, E and F)</p> <p>Findings include:</p> <p>1. During an observation, on 07/19/23 at 10:01 a.m., Resident C was observed resting in bed with the head of the bed up. The call light/pad was observed on the right side of the head of the bed between the mattress and the bed rail, out of Resident E's vision and reach.</p> <p>On 07/19/23 at 10:04 a.m., CNA 2 entered the room and during an interview indicated the call light was to be within reach of the resident.</p> <p>During an observation, on 7/20/23 at 10:05 a.m., Resident C was observed in bed, the call light/pad was pinned to the head of the bed to the right of the resident. It was high up, out of vision and out of the resident's reach.</p> <p>On 07/20/23 at 10:06 a.m., QMA 4 came to the room and asked the resident if he could see or reach the call button and Resident C shook his head to indicate no.</p> <p>The record for Resident C was reviewed on 07/20/23 at 10:46 a.m. Diagnoses included, but were not limited to, hemiplegia and hemiparesis (weakness and paralysis on one side), aphasia (difficulty speaking), and contracture of the right</p>			F 0558	<p>F558 accommodation of needs What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice All resident rooms were checked for call lights to ensure placement and function by Care Companion team/Department Managers. All staff re-educated regarding call lights placement and function. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? DNS/Designee will conduct an in-service with all staff regarding Call lights for residents. A 5 times a week, rounding tool including call light placement to be utilized by Care Companions/Department managers. How the corrective action (s) will be monitored to ensure the</p>		08/07/2023

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	<p>hand.</p> <p>A care plan, initiated on 12/29/14, indicated the resident was at risk for falls and the call light was to be in reach.</p> <p>A care plan, initiated on 01/07/15, indicated the resident had impaired vision and the call light was to be kept in reach.</p> <p>2. During an observation, on 07/20/23 at 10:01 a.m., Resident D was observed up in a chair in their room. The call light was observed lying on the floor close to the roommate's bed and out of Resident D's reach.</p> <p>During an interview, on 07/20/23 at 10:02 a.m., CNA 3 indicated it must have fallen on the floor.</p> <p>The record for Resident D was reviewed on 07/20/23 at 10:37 a.m. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebrovascular disease (paralysis and weakness on one side of body), contracture to left elbow, and heart failure.</p> <p>A care plan, initiated on 07/13/11, indicated the resident was a risk for falls and the call light was to be in reach.</p> <p>3. During an observation, on 07/20/23 at 10:09 a.m., Resident E was observed resting in a low bed, the call light cord was observed to run from the wall to the foot of the bed.</p> <p>During an interview, on 07/20/23 at 10:10 a.m., CNA 3 indicated the resident could not reach the call light.</p> <p>The record for Resident E was reviewed on</p>				<p>deficient practice will not recur, i.e., what quality assurance program will be put into place? POC QAPI Tool will be utilized weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p>		

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	<p>07/20/23 at 10:51 a.m. Diagnoses included, but were not limited to, vascular dementia with agitation, Alzheimer's disease with late onset, and seizures.</p> <p>A care plan, initiated on 09/25/19, indicated the resident was at risk for falls and the call light was to be in reach.</p> <p>4. During an observation, on 07/21/23 at 8:38 a.m., Resident F was observed in bed. The call light was located with the cord hanging at the top of the head of the bed and the light button was between the mattress and headboard.</p> <p>During an interview, on 07/21/23 at 8:39 a.m., CNA 5 indicated she had not been in the room yet (today). She had been educated on call lights before and it should have been in the resident's reach.</p> <p>The record for Resident F was reviewed on 07/21/23 at 9:03 a.m. Diagnoses included, but were not limited to, age related nuclear cataract bilateral (cataracts in both eyes), muscle weakness, and difficulty walking.</p> <p>A care plan, initiated on 06/27/18, indicated the resident was a high risk for falls and the call light was to be in reach.</p> <p>A care plan, initiated on 06/27/18, indicated the resident had impaired vision due to cataracts and the call light was to be in reach.</p> <p>During an interview, on 07/20/23 at 1:48 p.m., the Director of Nursing indicated the facility did not have a call light policy, but her expectation was the residents were to have the call light in reach.</p>						

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	This Federal tag relates to Complaint IN00409963.  3.1-3(v)(1)						